


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 018212 (1)
 1. Corporation Name
FLORIDA CITRUS PROCESSORS ASSOCIATION

Principal Place of Business 490 3RD ST N W WINTER HAVEN FL 33881-0401	Mailing Address 490 3RD ST N W WINTER HAVEN FL 33881-0401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/13/1937	
21		26		4. FEI Number 59-0245873	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

g. Name and Address of Current Registered Agent BEASLEY, JR. CLIFFORD C. 921 PIEDMONT DRIVE SE WINTER HAVEN FL 33880				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VM <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEASLEY, CLIFFORD C. JR.	1.2 NAME	
STREET ADDRESS	921 PIEDMONT DR SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRARI, W.J.	2.2 NAME	
STREET ADDRESS	1001 13TH AVENUE EAST	2.3 STREET ADDRESS	1001 13TH AVENUE EAST
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	BRADENTON, FL
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOONEY, GENE	3.2 NAME	
STREET ADDRESS	2020 HIGHWAY 17 SOUTH	3.3 STREET ADDRESS	HARVEY, CHARLES H.
CITY-ST-ZIP	BARTOW FL	3.4 CITY-ST-ZIP	1019 PARK DRIVE LABELLE, FL.
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWEN, DAVID	4.2 NAME	
STREET ADDRESS	1910 S. W. WARFIELD BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. WILLIAM BECKER	5.2 NAME	
STREET ADDRESS	2185 NORTH KINGS HIGHWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMANUEL, NICHOLAS A	6.2 NAME	EMANUEL, NICHOLAS A
STREET ADDRESS	2413 BERKSHIRE DRIVE	6.3 STREET ADDRESS	2413 BERKSHIRE DRIVE
CITY-ST-ZIP	WINTER HAVEN FL	6.4 CITY-ST-ZIP	WINTER HAVEN, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1/10/98 941/293-4171

CR2E034 (10/97)